

## **Supporting people with frailty during COVID – webinar for Bradford & Airedale staff**

### **Question & Answer session**

#### **Is the digital care hub just for Airedale or is it for Bradford too?**

The hub covers Bradford District and Craven with Goldline and MyCare24 too. Homes covered by Bradford District & Craven (previously Bradford City, Bradford District & Airedale, Wharfedale & Craven). Roll out has focused on homes with the most need. The final number of homes is being finalised.

#### **Can we refer to MyCare24 just to get food parcel, or social services assessment, or does that still need to go directly to social services?**

You need to have a plan for the patient/client when you refer to MyCare24 so not really just for food parcels. But we can do welfare calls if that is required.

#### **Will therapy be part of the virtual offer / mycare 24? I can envisage that physio / OT would be able to do some good work with advice even over a screen.**

We've been having conversations with lots of the therapists and AHPs and will be meeting to discuss further next week. We have previously, via Immedicare, delivered virtual training and virtual armchair exercises. We do have MH Practitioners working with us as well.

#### **ACCT referrals would normally go via hub not my care 24. Has that changed?**

If it's a complex admission or discharge, then this would come via the hub. It depends what the needs of that person are. A referral to MyCare24 must include a plan for what you want to happen for the patient. If part of that person's needs are that they need the collaborative care team to support them, then that's absolutely something that the hub can support with.

While you don't have to refer via MyCare24, one of its benefits is that it allows access when the referrer may not be able to get hold of virtual ward or ACCT. This can give added reassurance that the patient is then 'held' by MyCare24 and have access to the SuperRota. In future, the SuperRota will probably also be used to support ACCT, virtual wards and complex discharge planning MDTs so there will be wider access to the SuperRota in the longer term.

The other benefit of MyCare24 is that if the person being referred has access to a Smartphone or other mobile device, the MyCare24 team can support them via video, having virtual conversations and providing additional support to try and keep them out of hospital.

**Should GP's be calling the super rota, or should that be up to the telemedicine hub to do after we refer to them?**

It depends whether you feel if you will benefit from having that discussion with the SuperRota – clinicians in the SuperRota have mainly been talking to patients who've been referred in. If you're wondering whether MyCare24 is what's needed for an individual, you're best speaking to the hub nurses as they will be able to advise on that. But if you're dealing with a complex case and you're wondering whether someone should be admitted or not, we can certainly support you with that decision making. You can of course also contact ED and CoE consultants but it's sometimes harder to get hold of them. The SuperRota could certainly support you with complex decision making, but you do need to register the patient with MyCare24 first so that the clinicians on the Rota can access their notes during your discussions.

**Please could I ask if the daily Huddle is delivered at the same time and what time. Does the Huddle take place 7 or 5 days/week?**

Five days a week and it takes place at a different time each day so that no one is excluded. If you're regularly looking after older people and want to join the discussions that take place e.g. around advance care planning, please email Louise Keighley who runs the rota. [Add in Louise's email here](#)

**We've been in conversation with our local care home about getting smart phones in the care homes to allow video consultations however the local authority won't fund this because Immedicare is available. Do you anticipate that this will prevent GPs from needing to assess the care home patients remotely via video consultations?**

We're providing all the care homes who have signed up to Immedicare with laptops so they won't need smart phones too. The hub is nurse-led so it depends what the issue is. If it's something that only a GP can manage then that support will still be needed – although there is now access to medical support via the SuperRota too.

**Does everyone have access to assist?**

Yes, one of the joys now is that staff who work at the telehub can now go into Assist for all the patients who are on their caseload. There are some slight glitches with document access but there is work ongoing to resolve this. You must be on SystemOne to get access though.

**Can District Nurses access the primary care bulletin?**

The bulletin that goes out is an overall primary care bulletin which has a wide range of information relevant to GPs so much of it wouldn't be relevant to district nurses. But what we are planning is a weekly newsletter specifically for this new Care at Home service and of course we'd be happy to include district nurses on the distribution list.

**Who is doing the testing in the carehomes?**

The home will need to phone a [Public Health England \(PHE\) number](#) and the test kit will be sent out. It will be the staff member (or the person themselves if they're able to) who carry out the test. It will be sent back and then they'll be contacted by PHE with the result. It's run by PHE not by the CCG.

**Can care homes have easier access to swabs or GP practices hold them to gatekeep/triage and email PHE with who we are swabbing?**

They've only just brought in the new testing arrangements for care homes, so I suspect the answer will be no. The problem about holding stocks of swabs locally is that the more people who hold stock, the more stock that takes out of the system. Having access to swabs 'on demand' has been shown to help make the stock go further. We will ask the question though!

**What information are you giving to care homes when they are provided with the telemed equipment eg - re new non-covid pathways? Or is there blanket advice to use telemed for all OOH problems and address issues as they arise?**

To keep things simple, we say to the care homes if they've got a worry, no matter what the worry is, to call us. There is a member of the clinical staff in the hub 24/7 and not only can we talk to the care home staff, we can also see them and their residents via videocall. So we can carry out a virtual assessment of a resident and make a decision about whether they need to be referred onto their GP or not. If a GP practice would rather the care home called them direct during normal working hours, please have that conversation with the care home. But otherwise we're happy for them to contact us and in around 50% of cases we'll be able to provide appropriate support without the need for onward referral.

**Is there work in progress to address access to anticipatory drugs within care homes? I've asked our local homes to hang on to anticipatory medication in the event of a resident dying.**

At the moment (as at 22<sup>nd</sup> April) care homes shouldn't be hanging onto anticipatory medication, but they may be able to soon. We're expecting national guidance on whether care homes may be able to hold (not reuse) anticipatory medications instead of destroying them.

We've already got pharmacies who hold a stock of certain medications. The problem is that when a home needs a lot of medication e.g. midazolam, that means stocks are reducing very quickly and we have got shortages of some medications at the moment. So we're going to be setting up 'hubs' which will be able to hold greater volumes of stock – where these will be in Bradford is just being worked out. Care homes can't hold anticipatory medications except on a named patient basis, otherwise this will have an adverse effect on stock elsewhere. As soon as there is more information this will be included in the care homes bulletin. Where pharmacies have stock available, this will be included in the bulletin, particularly over the bank holiday weekend.

**We're using Accurx for video consultations. Will care homes be able to use their laptops for other things such as Accurx video calls or is it just for Immedicare ?**

I'm afraid the Immedicare laptops only allow the software used by the digital hub to access the camera, microphone etc.

We are however setting up a virtual meeting room and training rooms on these laptops which GPs will be able to dial into. The links to these will be circulated once they're available.